

CABINET FOR HEALTH SERVICES  
DEPARTMENT FOR PUBLIC HEALTH

**ALTERNATIVE/EXPERIMENTAL ONSITE SEWAGE DISPOSAL SYSTEM  
OWNER'S AFFIDAVIT**

Name of Owner \_\_\_\_\_ Date \_\_\_\_\_

Location of Property \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Lot Size Acreage \_\_\_\_\_ Proposed Use: Residence  Commercial  Other

I, \_\_\_\_\_ owner of the above mentioned property and the Experimental

Onsite Sewage Disposal System to be, certify that the above information supplied by me is true and correct to the best of my knowledge. I understand that the onsite sewage system to be installed is experimental and, therefore, I agree to allow all health department personnel to monitor the experimental sewage system as often as needed to obtain information and to verify that the experimental system is functioning in a satisfactory manner.

I understand that actions of the Cabinet for Health Services and \_\_\_\_\_ Health Department certified inspectors, engaged in the evaluation and determination of measures required for the design, installation and maintenance of such same experimental sewage system, shall in no way be taken as guarantee that same experimental sewage system will function in a satisfactory manner for any given period of time, or that the Cabinet or health department or any of their agents or employees assume any liability for damages, consequential of direct, which are caused, or which may be caused, by a malfunction of such experimental sewage system.

In the event that the experimental sewage system fails to function in a satisfactory manner, as determined by the Cabinet or local health department, I will take immediate action to correct any malfunctions, and accept full cost responsibility for ensuring that the system functions in a satisfactory manner.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

COMMONWEALTH OF KENTUCKY  
COUNTY OF \_\_\_\_\_

Subscribed and sworn by \_\_\_\_\_ before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**\*NOTE: A copy of this form and all other pertinent forms, and information concerning this system must be sent to the Division of Environmental Health and Community Safety for experimental system approval prior to permit issuance and system installation.**